22 July 2020	ITEM: 11 Decision: 110514
Cabinet	
Hospital Discharge – Bridging Service	
Wards and communities affected: All Wards	**Key Decision:** Key
Report of: Councillor James Halden – Portfolio Holder Children and Adult Social Care	
Accountable Assistant Director: Les Billingham - Interim Director, Adult Social Care and Community Development	
Accountable Director: Roger Harris - Corporate Director, Adults, Housing and Health	
This report is Public	

Executive Summary

The purpose of this report is to request that Cabinet approve the procurement of the hospital discharge service and agree to a six months extension of the current contract provided by Basildon and Thurrock University Hospital.

It explains how the fragility of the domiciliary care market's impacted the care availability locally, resulting in Thurrock introducing this service to mitigate risk and build capacity within the system.

The report details options that have been explored before seeking approval from Cabinet incorporating the local direction of travel to delivering an effective health and social care system.

1. Recommendation(s)

Cabinet are asked to:

1.1 Agree the extension of the Bridging Service until March 2021

1.2 Agree the procurement for a rapid discharge service and delegate the award of the contract to the Corporate Director of Adults, Housing and Health in consultation with the relevant portfolio holder.

2. Introduction and Background

2.1 Since 2016, Thurrock like many other Local Authorities has seen an instability within the Homecare market. Locally, this resulted in the Council stepping in on three different occasions to stabilise the sector by bringing 1,620 hours of domiciliary care back in-house ensuring vulnerable service users received the appropriate support within their own homes.

2.2 This homecare crisis resulted in a waiting list being created for service users who required support. The list was risk assessed on a daily basis and care allocated to those in highest need. This list resulted in a high number of Delayed Transfer Of Care (DTOC) from hospital. This was a significant concern that had been rarely experienced in Thurrock.

2.3 Working in partnership with Basildon and Thurrock University Hospital (BTUH) to support the discharge of patients from hospital to the community, the Bridging Service was introduced providing a rapid response from the acute and community hospital settings.

2.4 The bridging service supports a rapid discharge from hospital setting by providing homecare for a short period of time until a long term provider can be sourced. The brisk turn around in service users allows the bridging service to assist people home quickly releasing valuable hospital beds. Annually the service delivers 10,500 hours of care at a cost of £211,000.

2.5 Initially when the bridging service was introduced in early 2017 its purpose was to build capacity within a stretched homecare system. It has now become an integral part of the way Thurrock delivers support to vulnerable people by ensuring, where appropriate, people are supported to return home from hospital with the correct level of care.

2.6 This service has significantly reduced the number of DTOC's. The reporting of delayed transfers of care to NHS England show that Thurrock residents no longer occupy a hospital bed for longer than required.

2.7 The success of a rapid hospital discharge service was felt across both the health and social care system resulting in the bridging service being funded through the Better Care Fund.

2.8 Furthermore, the achievement and speciality of this service delivered by hospital staff has allowed patients who are eligible for health and social care to be discharged earlier reducing the length of inpatients stay and at times preventing a hospital admission.

2.9 In 2019, the Better Care together transformation programme launched a new pilot to develop a new approach to homecare in Tilbury and Chadwell. Based on the Dutch nursing model, Buurtzorg. The aim of the Wellbeing Team pilot is to redesign the delivery of care by focusing on outcomes for the individual and providing a holistic overview of their wellbeing, moving away from more traditional time and task orientated services. The pilot is testing all elements of

supporting a person in their own home by providing personal care, reablement, access to community assists and a hospital discharge service.

2.10 Each year, seasonal pressures such as school holidays and winter add stress to a compromised homecare market. This year has already seen an increase demand on this fragile care system due to the Coronavirus pandemic. It is essential that there is capacity within an overstretched system and reducing capacity during these periods would risk the Council not fulfilling its statutory duty under Care Act 2014. Additionally, to control the spread of Coronavirus, where possible people should be supported within their own home and not awaiting discharge on a hospital ward suggesting that a rapid discharge service is crucial during this period.

3. Issues, Options and Analysis of Options

3.1 The hospital discharge service has now reached a point in which a decision needs to be made about its future. This decision will need to fit with any future visions for domiciliary care reflexing on the fragility of the local market and the current transformation programme within Adult Social Care including the alternative delivery model for homecare currently being trialled.

3.2 To ensure best value for money Thurrock Council undertook an options appraisal of alternative commissioning methods to deliver the Hospital Discharge Service. The options appraisal analysed two different possibilities;

- Stop the provision of this service
- Procure for a new service

3.3 The options appraisal concluded that due to the increase in demand risk associated with Coronavirus and seasonal pressures it is not advisable to reduce capacity at this stage by stopping the services.

3.4 While the Wellbeing Team approach is being trialled, we are developing a new vision for services in the community and a new pathway in line with the Better Care Together transformation programme, This new approach will incorporate the hospital discharge service as part of its vision meaning that a short extension will allow stability and time to develop the future model.

3.5 Although we do not want to commit to a long term contract until the evaluation of the Wellbeing Teams concludes, procurement regulations state that we cannot extend further than six months. Therefore it is recommended that a service is procured for a short period of time building capacity within the system until we have a clear understand of the future model.

4. Reasons for Recommendation

4.1 For Cabinet to agree a 6 month extension to the current hospital discharge contract from 1 September 2020 until 1 April 2021.

4.2 Agree the procurement for a hospital discharge service

5. Consultation (including Overview and Scrutiny, if applicable)

5.1 N/A

6. Impact on corporate policies, priorities, performance and community impact

6.1 The hospital discharge service impacts on the following Council Priority; '*People – a borough where people of all ages are proud to work and play, live and stay'*

7. Implications

7.1 Financial

Implications verified by: **Joanne Freeman**

Finance Manager

The Hospital Discharge Service is part of Thurrock's Better Care Fund programme for 2020/21, a joint delivery plan for local services across health and social care. This service increases capacity in the homecare system proactively preventing pressures in residential care. To date the Bridging Service has been funded through the Improved Better Care Fund to the value of £211,000 per annum. Any proposed changes to funding requirements following the procurement process will need to go through the usual governance arrangements linked to the Better Care Fund for approval.

7.2 Legal

Implications verified by: **Courage Emovon**

Principal Lawyer/ Contracts Team Manager

The Council have a statutory duty under the Care Act 2014 to ensure that vulnerable people are supported to return home from hospital with the appropriate level of care. Legal Services is on hand to advise on any legal implications arising from this report and to ensure that the service is within the law and thus reduce any potential risks to the Council.

7.3 Diversity and Equality

Implications verified by: **Natalie Smith**

Strategic Lead – Community Development and Equalities

Community support provided through domiciliary care enables some of our borough's most vulnerable residents to remain independent, including older people, and people with disabilities. The Wellbeing Pilot will highlight the voice of the resident driving the principles for how we transform the service in the future. The final review will be subject to a Community Equality Impact Assessment to inform implementations aiming to improve efficiency whilst ensuring that the new offer remains person centred.

7.4 **Other implications** (where significant) – i.e. Staff, Health, Sustainability, Crime and Disorder)

Not applicable

8. Background papers used in preparing the report (including their location on the Council's website or identification whether any are exempt or protected by copyright):

- N/A

9. Appendices to the report

- None

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